



FH

**STATE OF WISCONSIN  
Division of Hearings and Appeals**

---

In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

MPA/171575

---

**PRELIMINARY RECITALS**

Pursuant to a petition filed January 22, 2016, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Division of Health Care Access and Accountability in regard to Medical Assistance, a hearing was held on February 25, 2016, at Waukesha, Wisconsin.

The issue for determination is whether the agency properly denied the Petitioner's prior authorization request for the drug methylphenidate (generic of Ritalin).

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

;

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: [REDACTED]

Division of Health Care Access and Accountability  
1 West Wilson Street, Room 272  
P.O. Box 309  
Madison, WI 53707-0309

**ADMINISTRATIVE LAW JUDGE:**

Debra Bursinger  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner is a resident of Waukesha County.
2. Petitioner is 29 years old and has a diagnosis of hypersomnia, unspecified.

3. The Petitioner has been receiving coverage from ForwardHealth for the drug methylphenidate for her hypersomnia since June, 2015. Previous claims for the drug were submitted by her provider, [REDACTED], with a diagnosis of Attention Deficient Hyperactivity Disorder (ADHD).
4. On October 29, 2015, the Petitioner's pharmacy provider, [REDACTED], submitted a prior authorization request for the Petitioner for methylphenidate. The request included the PA, a PA/Preferred Drug List for Stimulants and Related Agents form, a PA/DGA form, a journal article and Petitioner's medical records.
5. On November 12, 2015, the agency returned the PA request to [REDACTED] noting that methylphenidate is diagnosis-restricted and the diagnosis documented for the Petitioner does not meet the restriction.
6. On November 25, 2015, [REDACTED] re-submitted the request with a letter from the prescriber [REDACTED] and additional medical literature.
7. On December 11, 2015, the agency denied the Petitioner's request.
8. On January 22, 2016, the Petitioner filed an appeal with the Division of Hearings and Appeals.

### DISCUSSION

The agency requires that all stimulant agents have prior authorization and/or diagnosis restrictions. Methylphenidate is a preferred drug in a class called Stimulants and Related Agents. It is a prescription only Schedule II controlled substance. Stimulant agents are approved by the federal Food and Drug Administration (FDA) for use in the treatment of Attention Deficit Disorder (ADD) or Narcolepsy. Some specific stimulants are also approved for short-term weight loss. Because methylphenidate is a preferred drug, prior authorization criteria need not be met for approval but the drug is diagnosis-restricted. If a prescription has a diagnosis outside the allowed diagnoses list, the pharmacy provider must submit a prior authorization request.

#### “Diagnosis Restricted Drugs

If the prescriber writes a prescription with a diagnosis outside the ForwardHealth-allowed diagnoses for a drug, the prescriber is required to submit peer-reviewed medical literature to support the proven efficacy and safety of the requested use of the drug. Documentation of previous treatments and detailed reasons why other covered drug treatments were discontinued or not utilized are required. Medical records should be provided as necessary to support the PA request.”

In this case, the provider submitted peer-reviewed medical literature but the agency asserts that the literature does not support the proven efficacy and safety of the use of methylphenidate for the Petitioner's condition of idiopathic hypersomnia. Specifically, the agency noted that the two articles submitted by the Petitioner's provider assessed the use of methylphenidate for hypersomnia as an “Option.” This term is defined as follows:

“This is a patient-care strategy that reflects uncertain clinical use. The term option implies either inconclusive or conflicting evidence or conflicting expert opinion.”

The agency further notes that the Petitioner and providers did not submit documentation of previous treatments and reasons why other drug treatments have not been utilized.

The Petitioner noted at the hearing that ForwardHealth has been covering the drug for her since June, 2015. The agency noted in its written summary that previous claims for the drug submitted on Petitioner's behalf by [REDACTED] included a diagnosis of ADHD. Using methylphenidate for a diagnosis

of ADHD does not require prior authorization. Therefore, the claims were allowed based on the representation that the Petitioner had an ADHD diagnosis. The agency notes that the Petitioner does not, in fact, have such a diagnosis and therefore the previous claims were incorrectly submitted by the Petitioner's provider.

Based on the evidence presented, I conclude that the agency properly denied the Petitioner's prior authorization for methylphenidate as it does not meet the criteria for coverage. Specifically, there is insufficient peer review literature presented to support the use of the drug for Petitioner's condition and there is no documentation of other treatments or reasons for not using other accepted drug treatments.

### **CONCLUSIONS OF LAW**

The agency properly denied the Petitioner's prior authorization for methylphenidate as it does not meet the criteria for coverage.

**THEREFORE, it is**

**ORDERED**

That the Petitioner's appeal is dismissed.

### **REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

### **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 19th day of April, 2016

---

\sDebra Bursinger  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

Brian Hayes, Administrator  
Suite 201  
5005 University Avenue  
Madison, WI 53705-5400

Telephone: (608) 266-3096  
FAX: (608) 264-9885  
email: [DHAmail@wisconsin.gov](mailto:DHAmail@wisconsin.gov)  
Internet: <http://dha.state.wi.us>

The preceding decision was sent to the following parties on April 19, 2016.

Division of Health Care Access and Accountability